

February 2019 Enhanced Drug Formulary Changes
Changes are effective on April 1, 2019

The purpose of this communication is to provide you with updated drug formulary information for your prescription drug benefit. HometownRx strives to provide quality and cost-effective prescription benefits to you and your family.

The Drug Formulary is an approved list of drugs which is continually reviewed and revised to reflect the prevailing clinical opinion of the Pharmacy & Therapeutics and Formulary Committees who meet on a quarterly basis. These committees are made up of a group of practicing physicians and pharmacists who make recommendations for changes based on the latest medical literature, new clinical guidelines, new information from key physician experts, and new information from the Food and Drug Administration.

The development, maintenance, and improvement of the formulary and review process are evolutionary and require constant attention. HometownRx makes formulary decisions based upon the benefits outlined in your plan description and which are in effect at the time services are provided.

If a medication you take is listed below, you can continue taking it, but you may see an increase or decrease in how much you pay. We encourage you to discuss the alternative options(s) with your doctor before changing your treatment for any illness, and only you and your doctor can decide which medication(s) are right for you. At your next appointment, or before your next refill, please ask your doctor about alternatives.

LEGEND	
TYPE	DESCRIPTION
PA	Prior Authorization required
ST	Step Therapy required
QL	Quantity Limit restriction
Tier 1 \$	Preferred generics
Tier 2 \$\$	Preferred Brands/Select Generics
Tier 3 \$\$\$	Non-Preferred Brands/Non-Preferred Generics
Tier 4 \$\$\$\$	Specialty medications/Injectable medications

MEDICATIONS ADDED TO FORMULARY

The following medications were added to the formulary:

Therapeutic Use	Medication Name	Tier Placement	Coverage Restriction(s)
HIV infection	Pifeltro, Delstrigo	2	QL
Cancer	Daurismo, Lobrena, Talzenna, Vitrakvi, Vizimpro, Xospata	2	PA
Cancer or sickle cell anemia	Droxia	2	None
Prevent malaria from coming back	Krintafel	2	QL
Prevent migraine	Emgality	4	PA
Fabry disease	Galafold	4	PA
Nerve problems	Tegsedi	4	PA
Eye problems	Oxervate	4	PA
Prevent swelling attacks in Hereditary Angioedema (HAE)	Takhzyro	4	PA
Severe Immune Deficiency	Revcovi	4	PA

MEDICATIONS MOVING TO A DIFFERENT TIER

The following medications have changed to a new benefit coverage level:

Therapeutic Use	Medication Name	Previous Tier Placement	New Tier Placement
Bacterial infections	Cephalexin 250mg tablet	1	3 <i>(capsule avail. on tier 1)</i>
Low testosterone	Androgel 1.62% Gel <i>Brand only</i>	3	Excluded <i>(generic formulation remains tier 3 with PA)</i>
Migraine headaches	Treximet (brand & generic)	3	Excluded <i>(generic individual products still available)</i>

MEDICATIONS WITH CHANGES TO COVERAGE RESTRICTION(S)

The following medications remain at their current formulary status but have new or removed coverage restriction(s) as noted.

Therapeutic Use	Medication	New Restriction(s)
Prevent organ transplant rejection	Myfortic	Removal of ST
High blood pressure	Azor, Twynsta	Removal of ST
Lower bad cholesterol and raise good cholesterol	Trilipix, Vytorin	Removal of ST
HIV infection	Selzentry, Prezista, Complera, Isentress, Symfi, Reyataz, Lexiva	Removal of ST
Attention deficit problems with hyperactivity	Strattera/Atomoxetine	Removal of ST, PA required

MEDICATIONS EXCLUDED FROM THE FORMULARY*

The following medications have been excluded from the formulary:

Therapeutic Use	Medication	Alternative Medication
Prevent migraine	Ajovy	Aimovig, Emgality
Skin infections	Xepi	Mupirocin cream/ointment
Prevent malaria	Arakoda	Doxycycline <i>travel medicine is not a covered benefit</i>
COPD (chronic obstructive pulmonary disease)	Yupelri	Spiriva, Incruse Ellipta, Tudorza

*HometownRx evaluates medications based on many factors that include but are not limited to: their total clinical value, how the medication works, potential risks, and how much it costs. When there are lower cost alternatives, we may choose to exclude the higher-cost options. If a medication you take appears on this list, please review the alternatives with your doctor to see if these could work for you.

If you have any questions about this notification, please call HometownRx at 1-844-373-0970.

Online Formularies can be found at:

<https://www.hometownhealth.com/customer-service-support/prescription-drug-information/>

The electronic version of this notice can be found at:

www.hometownhealth.com